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APPLICANTS
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**** CONTINUING DATA ******* *L.L. none*

**** FOREIGN APPLICATIONS ******* *L.L. none*

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
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ADDRESS
22917

TITLE
Method and system for adaptive channel estimation techniques

FILING FEE RECEIVED 884	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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